Test and link to care: How do we measure our success?

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Early diagnosis and treatment safes lives and prevents onward transmission
Successful implementation

Testing strategies should be delivered using a human rights approach - voluntary, confidential, consent, linkage to care and treatment following diagnosis, and access to prevention services for those who are negative.

FACTS criteria

Feasibility,

Acceptability,

Cost-effectiveness,

Target population reached and

Sustainability of the intervention with regular feedback to key stakeholders. – ECDC testing guidelines
Scaling up testing and link to care and treatment
Community engagement

• Stigma and discrimination remains major barrier to testing, link and retention in care and prevention efforts
• Need greater engagement of affected communities at every level
• Tailored messages for individuals recognising diverse nature of community
• Support peer-led initiatives and outreach programs
• Sustained funding for NGOs
• Provision of integrated and welcoming, non judging services in partnership with NGOs
Tackling barriers
Innovate, recycle and share
## Laws or policies that authorise/prevent types of HIV testing

<table>
<thead>
<tr>
<th>Laws and policies</th>
<th>Authorise</th>
<th>Prevent</th>
<th>N/A laws or policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based testing delivered by trained medical staff</td>
<td>36</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Community-based testing delivered by non-medical staff (e.g. trained lay people)</td>
<td>15</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td>Home-sampling kits</td>
<td>8</td>
<td>7</td>
<td>30</td>
</tr>
<tr>
<td>Self-testing kits</td>
<td>7</td>
<td>9</td>
<td>30</td>
</tr>
</tbody>
</table>
Reported experiences of stigma and discrimination in the last 12 months in the health care setting, 2015

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Setting</th>
<th>GP</th>
<th>Dentist</th>
<th>STI clinic</th>
<th>Outpatient</th>
<th>Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worried about being treated differently</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>Avoided care in any of the following settings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>Been treated differently in any setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Felt treatment has been delayed or refused in any setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Experienced any of the following from a healthcare worker</td>
<td>Negative comments</td>
<td>13%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excess barrier protection</td>
<td></td>
<td></td>
<td></td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Last appointment of the day</td>
<td></td>
<td></td>
<td></td>
<td>12%</td>
<td></td>
</tr>
</tbody>
</table>

- 57% of people had worried about different treatment in at least one healthcare setting
- 27% had avoided care when required in at least one setting
- 40% of people experienced at least one instance of negative treatment in a healthcare setting
Measuring success: Know your epidemiology

- Undiagnosed and late diagnosed
- AIDS and AIDS deaths
- New diagnoses / incidence
- Testing patterns
- Link to care, Treatment uptake
- ALL by most at risk groups

- 90 90 90 is not enough
- Test frequently and reduce time to test and treat
Proportion of heterosexuals born abroad who probably acquired HIV while living in the UK, by world region of birth: UK, 2014

Error bars show the lowest and highest estimates.
Current global estimates for the care cascade
Levi et al 2016*

* Based on 69/196 countries – 32 complete, 37 partial data

How are countries in Europe performing against the 90-90-90 treatment targets? N=16

- Estimated nr living with HIV: 90%
- Diagnosed: 81%
- On ART: 73%

Estimated number of persons living with HIV infection (diagnosed and undiagnosed): UK, 2008-2014

- 2008: 27%
- 2009: 26%
- 2010: 24%
- 2011: 23%
- 2012: 22%
- 2013: 18%
- 2014: 17%
Adjusted* number of adults with diagnosed HIV infection starting treatment, by CD4 count at ART initiation: UK

*Adjusted for missing/inconsistent CD4 count at diagnosis, 24% overall
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Specification</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late diagnosis</td>
<td>To monitor timeliness of diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>CD4 cell count &lt;350 cells/mm³ within 3 months of diagnosis</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>47%</td>
<td>40%</td>
</tr>
<tr>
<td>Link to care</td>
<td>To monitor prompt integration into care following HIV diagnosis:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><em>CD4 cell count taken within 1 month of diagnosis</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>88%</td>
<td>93%</td>
</tr>
<tr>
<td>Retention in care - new</td>
<td>To monitor the retention in care among newly-diagnosed adults:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>patients</td>
<td><em>New diagnoses seen for care in the next survey year</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>86%</td>
<td>89%</td>
</tr>
<tr>
<td>Retention in care - all</td>
<td>To monitor the retention in care among adults seen for care in the last 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>patients</td>
<td><em>Adults seen for HIV care and also seen in the net survey year</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>Viral load suppression</td>
<td>To monitor the effectiveness of ART after initiating treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Viral load &lt;200 copies/ml at 12 months of starting ART (window period 3 – 15 months)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td>CD4 response</td>
<td>To monitor immune status of adults regardless of treatment status</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>CD4 cell count ≥350 cells/mm³ after at least 12 months in HIV care</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>83%</td>
<td>86%</td>
</tr>
</tbody>
</table>
“Overall, how would you rate your GP/HIV specialist services?”

- GP mean = 68.6
- HIV mean = 91.4

*96.5% of respondents reported having a GP
New agreed questions included in the national HIV and STI datasets

Q1 Gender identity
Which of the following options best describes how you think of yourself?

- Female (including trans woman)
- Male (including trans man)
- Non-binary
- In another way*
- Not stated (PERSON asked but declined to provide a response)
- Not known (not recorded)

Q2 Trans status
Is your gender identity the same as the gender you were given at birth?

- Yes
- No
- Not stated (PERSON asked but declined to provide a response)
- Not known (not recorded)

- Coded as “Other” in the NHS data dictionary
- Please not that a text field may be added to this field to provide a description of ‘in another way’
- However note there are no text field in the HARS dataset
Combination approach to prevention
New HIV diagnoses in STI clinics in the UK, the beginning of a downturn in gay/bisexual men?

- **Gay/bisexual men**
- **Heterosexual men**
- **Heterosexual women**
Situation Jan 2017

- PHE Ongoing investigation
- High rise in number of HIV tests among MSM particularly in some London clinics
- Especially high rise in testing and sexual health screens among repeat testers
- Associated with downturn in some STIs and HIV in recent months, decreased late diagnoses
- Improvements in early ART and decrease in the number of men with unsuppressed viral load
- Prep Use increasing
- Most likely decrease in incidence due combination of interventions
4th decade of the HIV epidemic

- We have the tools & know what to do – scientific knowledge
- Need to better contextualise knowledge for communities
- Innovate and re-novate
- Expect constant change and refinement – and big step changes
- Advocate for generics and prevention funding
- Tackle legal barriers and/or creatively circumvent them
- Models can only do so much – timely accurate information for setting policy and monitoring efforts is crucial
- Public health working in partnership with health professionals and community

John Walter, 2015
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